Division of Health Service Regulation

` '		(X1) PROVIDER/SUPPI IDENTIFICATION N		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
	FCL011310		B. WING		11/06/2014			
					STATE ZIP CODE	1	<u></u>	
230 COUNTRY TIME CIRCLE								
SERENITY	Y HEART FAMILY CA	ARE HOME # 230	LEICESTE	ER, NC 2874	18			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TION SHOULD BE THE APPROPRIATE		
C 000	Initial Comments			C 000				
	Report by Glenn Hoppin							
	DHSR Construction Section conducted a Biennial Survey on November 06, 2014 at the above referenced facility. DHSR records indicate the home was first licensed on July 23, 1996 as a Family Care Home for six Residents with no more than three who are non-ambulatory (un-able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1996 North Carolina State Building Code - Section 419.3 - Small Residential Care Facilities.							
	At the time of our vi require an acceptab as follows:							
	Building Equipment SECTION .0300 - T		Operating	C 174				
	10A NCAC 13G .03 EQUIPMENT (a) The building ar mechanical, and plucare home shall be operating condition. (j) This Rule shall a family care homes. This Rule is not med 1. In the staff quarter	and all fire safety, elumbing equipment maintained in a safety apply to new and elect as evidenced by:	ectrical, in a family fe and existing					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION 01		SURVEY PLETED	
FCL011310		B. WING	B. WING		11/06/2014		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
SERENIT	TY HEART FAMILY CA	ARE HOME # 230	NTRY TIME CIRCLE TER, NC 28748				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
C 174	penetration in the of detector was move use an approved fir penetrations. Provide this repair and any receivable this repair to the DI 2. The grease filter exhaust hood. Reprovide the DHSR photos of the comportinvoices concern Construction Section 3. The roof is missing contractor of the completed resinvoices concerning Construction Section 4. The screen from has been removed building. Install the any damaged screen photos of the comportinvoices concern Construction Section 5. There is a major creating a potential debris from behind of the completed resinvoices concerning Construction Section 6. The pressure relief piping the floor. Have a quantity of the piping the floor.	ceiling where the smoke d. Have a qualified individual re sealant to seal all open ide photos of the completed cipts or invoices concerning HSR Construction Section. Is missing from the kitchen place the missing filter and Construction section with pleted repair and any receipts hing this repair to the DHSR con. In g shingles. Have a licensed repair the roof. Provide photos repair and any receipts or go this repair to the DHSR con. I one of the resident bedrooms and is leaning against the rewindow screen and replace rens as necessary. Provide pleted repair and any receipts hing this repair to the DHSR con. I lint build up behind the dryer of the dryer and provide photos repair and any receipts or go this repair to the DHSR con.	C 174				

Division of Health Service Regulation

Division of Health Service Regulation

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED				
		FCL011310		B. WING		11/0	6/2014	
	NAME OF PROVIDER OR SUPPLIER SERENITY HEART FAMILY CARE HOME # 230 SERENITY HEART FAMILY CARE HOME # 230 LEICESTER, NC 28748							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ON SHOULD BE COMPLETE DATE		
C 174	the completed repa concerning this rep. Section. 7. The hot water he missing the thermo individual replace the photos of the comp or invoices concern. Construction Section 8. The flange on the relief valve in the la pulled away from the into the tank so it is designed. Provide and any receipts or	ir and any receipts or air to the DHSR Cons atter on the left in the stat cover. Have a que thermostat cover. Fleted repair and any ring this repair to the I	pantry is palified Provide eccipts DHSR essure ht has age back was ted repair this	C 174				
C 130	5. Bathroom (10 I h. The bathroom r foot candles of light the rate of 2 cubic f square foot of floor This Rule is not me The ventilation fans bathrooms are not individual repair or Submit copies of al	enment (10 NCAC 420 NCAC 42C .2206) must be lighted to prove at floor level and venet per minute for each area. Let as evidenced by: Let in the three resident working. Have a qual replace the ventilation I invoices, receipts, ar his repair to the DHSI	vide 30 utilated at ch ified u fans. nd work	C 130				

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